

CORE Claims Team– Internal Adjustments

Purpose:

Internal Adjustment requests are submitted by IME staff to adjust a previously paid claim. These adjustments can be related to a check that has been received, to correct an error, or to manually price a claim.

Identification of Roles:

Adjustment Examiner – Reviews and processes adjustments/credits based on guidelines set by the State and Core management.

Claims Adjudicator - Reviews and processes adjustments/credits based on guidelines set by the State and Core management.

Claims Research Examiner - Reviews and processes adjustments/credits based on guidelines set by the State and Core management, identifies processing trend or issues and reports them to the Operations Coordinator and Operations Team Lead, serves as the back-up for the Operations Coordinator

Operations Coordinator – Assists adjustment examiners with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Operations Manager – Monitors workload and ensures that performance measures are met on a monthly basis.

Performance Standards:

Claims processed in error must be reprocessed within ten- (10) business days of identification of the error or upon a schedule approved by the State.

Path of Business Procedure:

Step 1: Batch is opened in Medicaid Management Information System (MMIS)

Step 2: Adjustment request is received in OnBase from IME users

Step 3: Requests are reviewed

- a. Incomplete or inaccurate requests are returned to the IME user through workflow

Step 4: Adjust the claim

- a. Open MMIS file 1 and enter the following information
 - 1. Input Medium
 - 2. Batch Date

3. Microfilm Machine Number
4. Batch Number
5. Total Documents Number
6. Batch Type
7. Accounting Code

Step 5: The following information should be entered from the adjustment request into MMIS:

- a. Transaction Control Number
- b. National Provider Identifier
- c. Medicaid Member Number
- d. Adjustment Reason

Step 6: Adjust the claim according to the changes specified

Step 7: Work Edits, **not all requests will post Edits**

- a. Edits that are not the responsibility of IME Core will not be worked, but will be sent to the correct team via MMIS

Step 8: Complete the request in MMIS

Step 9: Add the Adjusted TCN to the adjustment request in OnBase

Forms/Reports:

Internal Credit/Adjustment Form

Core 10 Day Completion Report

RFP References:

5.2.2.3.4.2.1, 5.2.2.3.4.2.4, 5.2.2.3.4.2.40-41, 5.2.2.3.4.2.56, 5.2.2.3.4.2.63-64, 5.2.2.3.4.2.81-82, 5.2.2.3.4.2.84-86, 5.2.2.3.4.2.89-90, 5.2.2.3.4.2.92, 5.2.2.3.4.2.95-96, 5.2.2.3.4.2.107-108, 5.2.2.3.4.2.114, 5.2.2.3.4.2.117, 5.2.2.3.4.2.120, 5.2.2.3.4.2.122

Interfaces:

Provider Services, Provider Cost Audit, Revenue Collections, Medical Services, Program Integrity

Attachments:

Credit/Adjustment Request

Request Type: ☐ Adjustment ☐ Credit

Claim Type: ☐ History ☐ Live

Requesting Unit:

TCN:

Provider Number:

NPI Number:

Provider Name:

State ID:

Adjust/Credit Reason:

CCN:

User ID:

Comments:

Adjusted TCN:

DCN: Contact Log #: